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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: August 21, 2006

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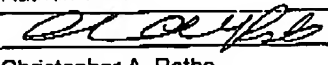
TO: Commissioner For Patents	FAX NO.: 571-273-8300
FROM: Christopher A. Rothe, Reg. No. 54,650 ADMIN. ASST.: Kathleen Spina	
Patent NO.: 6,890,998	ATTY. DOCKET NO.: RCHP-125US
TITLE: NOVEL THIOL ACTIVATION OF POLYURETHANES AND METHODS OF MAKING THE SAME	
Issue DATE: May 10, 2005	ART UNIT: 1711
FIRST INVENTOR:	CONF. NO.: 9558
TITLE OF DOCUMENT (and List of Attachments): Power of Attorney and Correspondence Address Indication Form	
Transmittal Sheet, Executed POA and Address Indication Form with an Executed Statement Under 37 CFR 3.73(b) and a Fee Address Indication Form.	

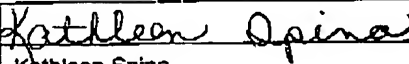
Total Number of Pages: 5 (including this form)**COMMENTS****PLEASE NOTE OUR NEW ATTORNEY DOCKET NUMBER: RCHP-125US****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	6,890,998	RECEIVED CENTRAL FAX CENTER AUG 21 2006
	Issue Date	May 10, 2005	
	First Named Inventor	Ivan Alferiev	
	Art Unit	1711	
	Examiner Name	Rachel F. Gott	
Total Number of Pages in This Submission 5	Attorney Docket No.	RCHP-125US	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; EXECUTED POA AND CORRESPONDENCE ADDRESS INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73(b); FEE INDICATION FORM.
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm Name	RatnerPrestia	
Signature		
Printed Name	Christopher A. Rothe	
Date	August 21, 2006	Registration No. 54,650

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Typed or Printed Name	Kathleen Spina		

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Patent Number	6,890,998
Issued Date	May 10, 2005
First Named Inventor	Ivan Aferiev
Title	NOVEL THIOL ACTIVATION OF POLYURETHANES AND METHODS OF MAKING THE SAME
Art Unit	1711
Examiner Name	Rachel F. Gorr
Attorney Docket Number	RCHP-125US

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I hereby revoke all previous powers of attorney given in the above-identified application.

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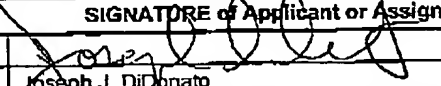
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/16/06
Name	Joseph J. DiDonato	Telephone	215-590-4660
Title and Company	JD, Director - The Children's Hospital of Philadelphia		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 3 forms are submitted.

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